

ACCESS TO SPIRITUAL CARERecommendations for
Health Care Reform Legislation

As the Montana legislature considers health care reform, it is important that any new framework includes spiritual care. Prayer-based healing has been a mainstay in American life for years. Despite the progress in medical science, many Americans continue to rely on prayer as their primary means of health care for one simple reason: they trust its effectiveness, its completeness and its reliability. For millions of other Americans, the issue at hand is, in some ways, more fundamental: having the option to choose the method of health care that is most effective for them.

Everyone deserves access to reliable and cost-effective health care. This should be one of the primary goals of health care reform. Because spiritual care is reliable and cost-effective, it should be part of the solution in addressing the health care challenges facing our nation.

Christian Science is a method of spiritual care that is available to everyone. For over a century, individuals from many different faith traditions have found Christian Science to be reliable and effective in addressing the challenges posed by injury, illness, and disease. For this reason, they will often choose religious nonmedical health care in lieu of medical care. The practice of Christian Science includes assistance from Christian Science practitioners (individuals who have been recognized as having demonstrated the ability to help others achieve healing through prayer), as well as from Christian Science nurses (individuals who provide physical assistance for the patient's daily needs while the patient prays for healing).

We have identified two areas where statutory provisions may be needed to achieve public access to spiritual care within the context of health care reform legislation, and make the following two recommendations:

Recommendation # 1: Provide Public Access to Spiritual Care.

Health care reform legislation should provide the public with access to spiritual care. Existing law contains numerous examples of programs that offer benefits for spiritual care, including:

- ♦ Four plans under the Federal Employees Health Benefits Program (FEHBP) cover religious nonmedical nursing care and/or Christian Science practitioner services:
 - Government Employees' Health Association (GEHA)
 - Mail Handlers Benefit Plan
 - Special Agents Mutual Benefit Association
 - Association Benefit Plan
- ♦ Religious nonmedical nursing services are covered under the Medicare and Medicaid programs (see 42 U.S.C. §§ 1395x(ss) and 1395i-5).
- ♦ TRICARE (for military dependents) – Covers care in Christian Science nursing facilities, Christian Science nursing services, and Christian Science practitioner services.

- Under Section 223 of the Internal Revenue Code (“IRC”), funds contained in a Health Savings Account may be used to pay for spiritual care. Section 223 references the definition of “medical expenses” in Section 213(d) of the IRC, which has been interpreted to include Christian Science practitioner services and Christian Science nursing care.
- A number of States (e.g., California, Colorado, Illinois, Kansas, Missouri, Oklahoma, Oregon, Texas) include coverage of spiritual treatment through prayer in their governmental employees’ health insurance plans.

Recommendation # 2: Application of Nonmedical Requirements for Quality Assurance

Statutory provisions that require insurers to make determinations of “medical necessity” and to provide medical oversight for services rendered serve as important patient protections in the context of medical care. However, patients choosing spiritual care in lieu of medical care do not want medical requirements applied to the services they receive. In addition, spiritual care providers do not diagnose disease or provide any form of medical intervention or treatment. For these reasons, the application of medical requirements to spiritual care providers can limit patient access to care. While accommodation from medical criteria may be necessary, we support the application of nonmedical safeguards to ensure that funds are spent appropriately. Some examples of existing laws that contain this type of accommodation are:

- The federal Medicare law accommodates patients in religious nonmedical health care institutions from being required to have a medical diagnosis and from the activities of peer review organizations, but requires religious nonmedical health care institutions (RNHCIs) to meet detailed requirements designed to protect patient health and safety. 42 U.S.C. §§ 1395x(ss)(3)(A); 42 U.S.C. § 1320c-11; and (B); 42 C.F.R. § 403.700, *et seq.*
- Some states’ insurance laws specifically accommodate health plans that include religious nonmedical providers by allowing the plans not to apply medical requirements that would limit patient access to religious nonmedical care. (see, e.g., Alaska Stat. Ann. § 21.07.080 and Me. Rev. Stat. tit. 24-A, § 4307(4)); Mass. Gen. Laws Ann. 176O, § 11; Wash. Rev. Code Ann. § 48.43.520

Thank you for considering these important issues. We offer to act as a resource regarding spiritual care, and would appreciate being included in future health care reform discussions and stakeholder meetings.

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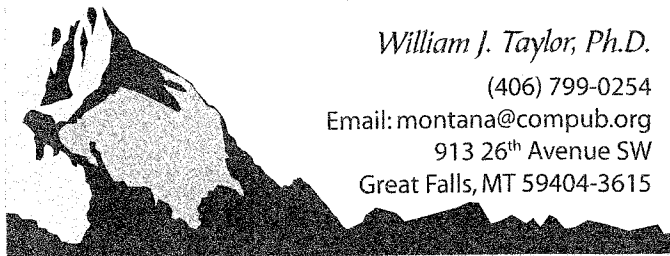
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REQUEST FOR AMENDMENT (SB44)

Amend Section 3 of the bill by adding the following language as a new subsection 2(f) which provides:

NEW SECTION. Section 3. Duties -- biennial goals. . . . (2) The health policy council may consider any health policy issue at its own discretion or as directed by the legislature, including but not limited to: . . . (f) **coverage of spiritual care.**

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